

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101720009

FILING DATE

APPLICANT(S)

3/26/09

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1		/			
2		/			
3		/			
4		/			
5		/			
6		/			
7		/			
8		/			
9		/			
10		/			
11		/			
12		/			
13		/			
14		/			
15		/			
16		/			
17		/			
18		/			
19		/			
20		/			
21		/			
22		/			
23		/			
24		/			
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

24